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LERNER AND C P O BOX 2480 HOLLYWOOD, FI				I hereby certify that th States Postal Service vaddressed to the Mai transmitted to the USP	is Fee(s) Tra vith sufficient I Stop ISSUI TO (703) 746	ailing or Trans nsmittal is bein t postage for fir E FEE address 6-4000, on the	g deposite st class manda above, of late indica	d with the United ail in an envelope r being facsimile ted below.		
06/28/2005 HGUTEMA2 000	٠		H	ALPH E	. LOCHE 7. 41,947	Ħ	(Depositor's name)			
1 FC:1501 1400.00 QP 2 FC:1504 300.00 QP					une 22, 2005			(Signature)		
APPLICATION NO.	FILING DATE	FIRST NAMED IN			TOR	ATTORNEY DOCKET NO		CONFIRMATION NO.		
10/622,934 07/18/2003			Frank K	ahlmann		WMP-IFT-842		3478		
TITLE OF INVENTION: IN	TEGRATED TRANSFORM	MER CONFIGURA	TION							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE		D/	ATE DUE	
nonprovisional NO		\$1400			\$300	\$1700		06	5/22/2005	
EXAMINER ART			Т	CL	ASS-SUBCLASS					
MAI, ANH T					336-200000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, li     (1) the names of up to 3 registered pater or agents OR, alternatively,     (2) the name of a single firm (having as a registered attorney or agent) and the nam 2 registered patent attorneys or agents. If listed, no name will be printed.			member a es of up to	Lauren 2Werner 3Ralph	н. 9	•	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TI	HE PATENT	(print o	r type)			<u>.</u>		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee dof this form is NOT	ata will app a substitute	ear on th for filing	ne patent. If an assign g an assignment.	ee is identifie	ed below, the d	ocument h	nas been filed for	
(A) NAME OF ASSIGNE	RESIDENCE: (CITY and STATE OR COUNTRY)									
Infineon Technologies AG Muenchen, Germany										
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Advance Order - # or	Copies		Deposit Acc	ount Nur	nber 12-)	arge the request. (en	close an extra c	opy of this	form).	
a. Applicant claims SM	from status indicated above AALL ENTITY status. See	37 CFR 1.27.			longer claiming SMAI					
The Director of the USPTO i NOTE: The Issue Fee and Pu nterest as shown by the reco	s requested to apply the Issu blication For (if required) and rds of the United States Pare	e Fee and Publication of the accepted of and Trademark (	on Fee (if an from anyone Office.	y) or to r other th	re-apply any previously an the applicant; a regi	y paid issue fe stered attorne	ee to the applica y or agent; or th	ition identi ne assignee	fied above. or other party in	
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Typed or printed name		ALPH E. LO REG. NO. 2	11.947		Registration	<del>-      </del>	LPH E. L EG. NO.	41 94	7	
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